



Delaware National Guard

Full Time National Guard Duty (FTNGD) Position Applicant Packet Checklist

Applicant's Name: _____
(Last, First, MI)

Position Title: _____

Position Number: _____

NGDE-HRO-AG Receipt	
Date Received:	
Received By:	

Initials	Packet Sequence: Incomplete Packets Will Be Returned
	Tour Announcement Memorandum
	DA Form 1058 (Application for ADOS)
	Point-of-Contact Data Form
	State & Military Driver's License Copy
	Individual Medical Readiness (IMR) Record (MEDPROS) <i>PHA must be within the last 12 months. Army download from AKO, My Medical, MEDPROS, IMR.</i>
	Periodic Health Assessment (PHA) (MEDPROS) <i>Must be within the last 12 months</i>
	NGB Form 23B (RPAM) – Army National Guard Retirement Points History Statement <i>Request NGB Form 23B (RPAM) from Unit if not in iPERMS.</i>
	Certificate of Release or Discharge (DD Form 214, DD Form 220, DD Form 215), if any. <i>Army download from iPERMS at https://iperms.hrc.army.mil</i>
	DA 705 (APFT) – Current passing APFT must be within the last 12 months
	DA Form 5500-R or DA Form 5501-R – Body Fat Content Worksheet, if applicable.
	DA Form 3349 – Physical Profile, if applicable.
	Joint Personnel Adjudication System (JPAS) Statement or Security Manager memorandum stating clearance level and date granted <i>Request from your unit Readiness NCO.</i>
	Verify DA Form 5960 (BAH Authorization)

Applicant's Signature / Date: _____
(Signature) (Date)

Verified By: _____ (FTS Unit Representative)
(Last, First, MI) (Rank) (Phone Number)

Verified By: _____
(Signature) (Date)

Certified By: _____ (BDE AO or OPS NCO)
(Last, First, MI) (Rank) (Phone Number)

Certified By: _____
(Signature) (Date)